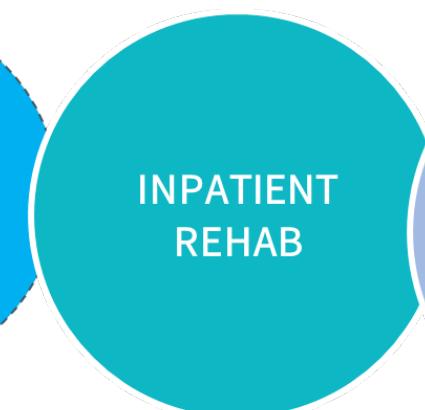




RETURN TO VOCATIONS POST STROKE TOOLKIT FOR PROVIDERS

January 16, 2026
Liza Pain, OT Reg.(Ont), PhD

Across the Continuum of Care



What are Vocations?

Purposeful roles involving contribution, and engagement

- Volunteering
- Education/ School
- Paid Employment

Contribute to identity and self-worth

- Community Re-Integration
- Social Participation
- Mental Health



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Quality of Life

Community
Engagement

Participation

Mental Health

Routine/
Structure

Responsibility

Financial
Security

Why Return to Vocations Matters

Canadian Stroke Best Practice Recommendations

Participation-Focused Recovery

Recovery emphasizes returning patients to meaningful life roles through tailored, supportive interventions.

Person-Centered Rehabilitation

Rehabilitation addresses vocational goals early, and continually throughout the recovery process.

Integral Vocational Engagement

Vocational engagement is a necessary component of best practice. Not optional in stroke recovery.

Alignment with National Standards

Best Practices ensures evidence-based care, promoting long-term quality of life.

Supporting Return to Vocations After Stroke



Map of the Central East
Stroke Network.



Map of the West GTA
Stroke Network.

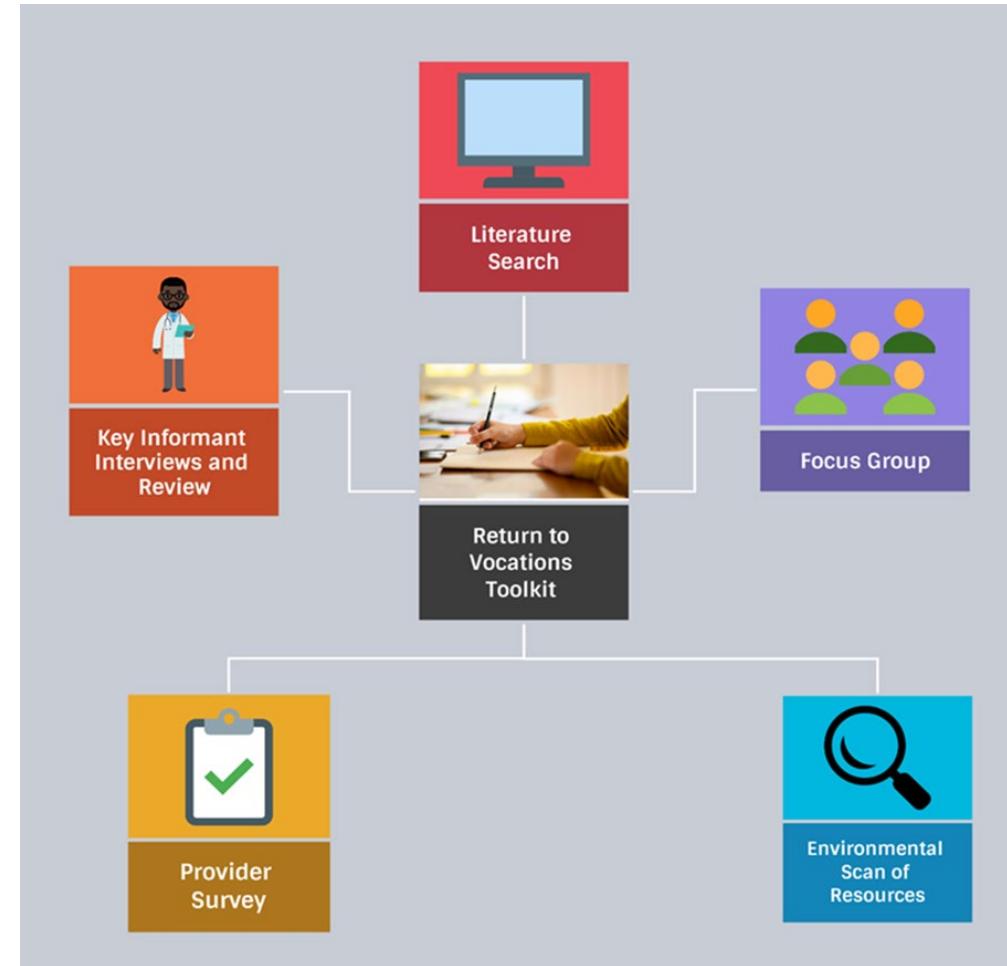
Collaborative Development

Created through collaboration between West GTA and Central East Stroke Networks to align with best practices.

Purpose of Toolkit

The toolkit addresses gaps in stroke rehabilitation by supporting return to work, volunteering, and/or education.

Toolkit Development



What We Heard

How do I complete a Vocational Assessment?

What resources are available in the community?

What financial options are available?

What if my client can't return to paid employment?

Will I be able to go back to work/school/volunteering?

How will I pay my bills?

What does my insurance company cover?

Will my colleagues or boss view me differently?



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Individual Health Factors

Physical, cognitive, perceptual, communication, and emotional challenges impact a person's ability to return to work successfully.

Workplace/Education Environment

Flexibility regarding accommodations, colleagues' attitudes, and environmental barriers significantly influence vocational return.

Factors Affecting Return to Vocations

Financial/Transportation Considerations

Factors are critical components affecting vocational reintegration.

Access to Appropriate Supports

Comprehensive vocational support requires individualized planning and teamwork across disciplines.

Toolkit At A Glance



RETURN TO VOCATIONS POST STROKE TOOLKIT FOR PROVIDERS



Link to Toolkit

https://cesnstroke.ca/wp-content/uploads/2026/01/Return_To_Vocations_-January-2026.pdf

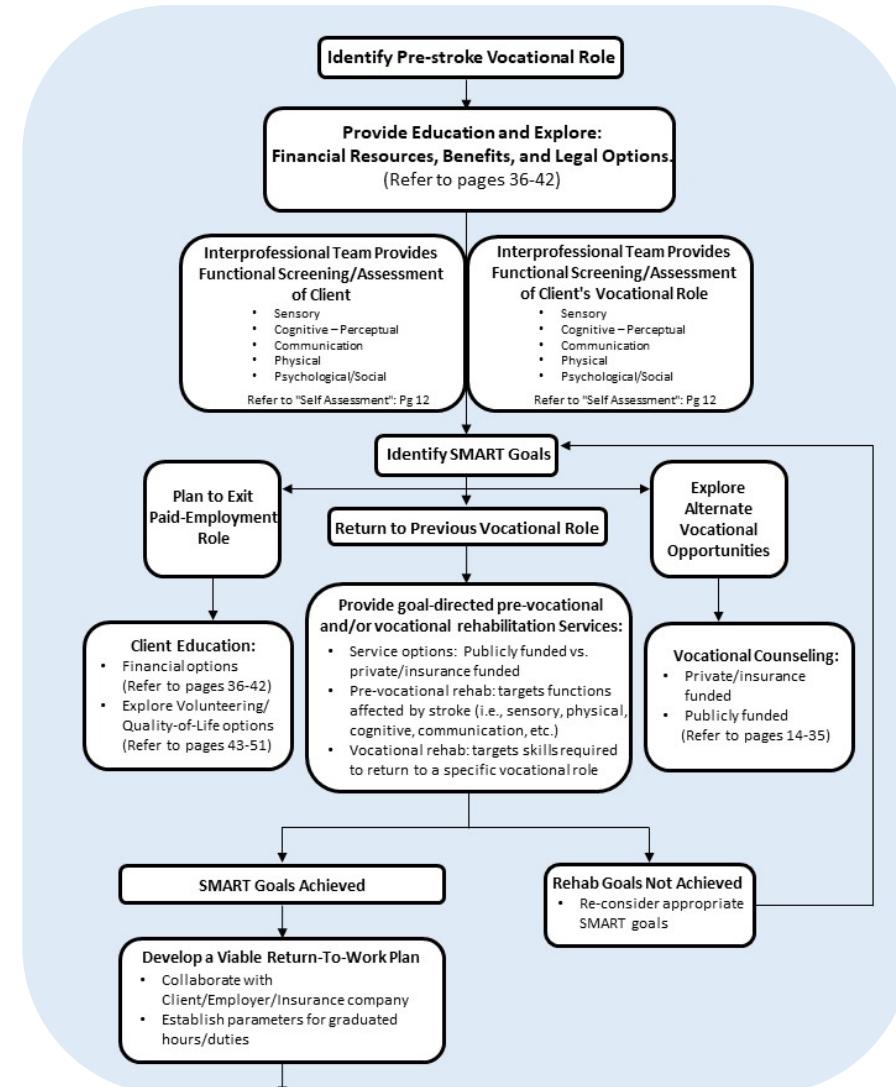
Toolkit At A Glance

Introduction	Return to Work	Financial Supports & Legal Rights	Volunteering	Return to School	Appendix
Background	Why Focus on Return to Work	Financial Resources	Benefits of Volunteering	Return to School Post Stroke	Infographic
Canadian Stroke Best Practice Recommendations	Factors that may impact return to work post stroke	Insurance Benefits	Finding Volunteer Opportunities	Funding Assistance	Mental Health Considerations
	RTW Assessment	Ontario Human Rights System	Getting Started	Useful Websites	Neuropsychology Services
	RTW Post Stroke Guide for Stroke Clinicians				Getting Around
	RTW Community Resources				Assistive Devices

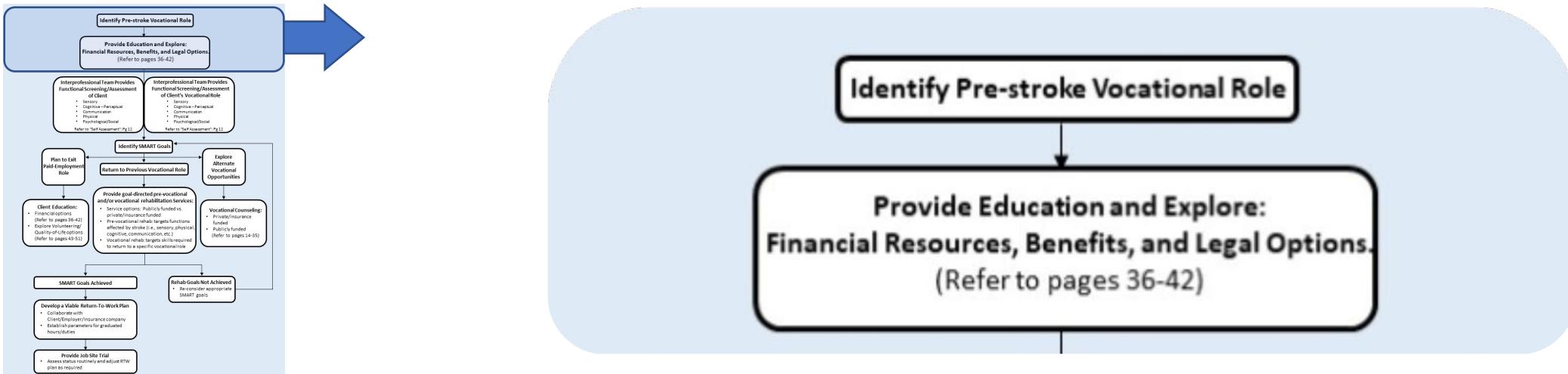
Return to Work Post-Stroke Guide for Clinicians

Based on the Canadian Stroke
Best Practice Recommendations:

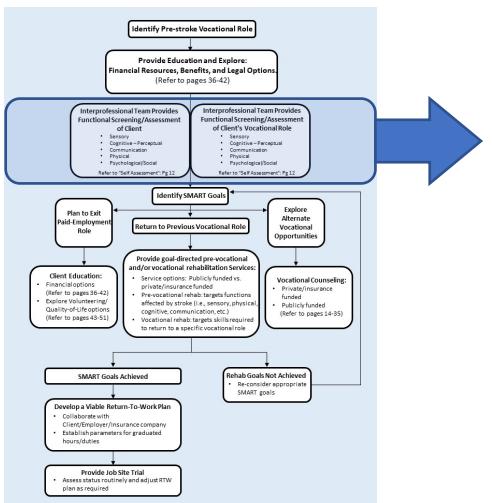
- Rehabilitation, Recovery, and Community Participation following Stroke. Part Two: Transitions and Community Participation Following Stroke (Mountain et al., 2020)



Financial and Legal Options



Client Vocational Role Assessment



Interprofessional Team Provides Functional Screening/Assessment of Client

- Sensory
- Cognitive – Perceptual
- Communication
- Physical
- Psychological/Social

Refer to "Self Assessment": Pg 12

Interprofessional Team Provides Functional Screening/Assessment of Client's Vocational Role

- Sensory
- Cognitive – Perceptual
- Communication
- Physical
- Psychological/Social

Refer to "Self Assessment": Pg 12

Client Vocational Role Assessment

Are YOU Ready To Return To Work?

A Self-Assessment Guide for People with Stroke

This self-assessment guide was developed for people recovering from stroke who are considering part-time, full-time, self-employment or volunteer opportunities. It is designed to support you as you consider all of the important parts of a successful return to work plan.

USING THIS GUIDE

This guide is to be completed by you, with input from family members, physicians, health care providers and your employer, as needed.

Use this Guide as many times as you need to. What you learn along the way will help you focus your rehabilitation / recovery efforts and make the most of your current abilities for a safe return to work. Remember, use of compensatory strategies and aids/devices may increase your success for an earlier return to work.

Within this guide, you will assess five areas that are important in returning to work. You will need to consider your current abilities and compare them against the demands of the job you hope to return to or begin. An understanding of your current abilities, in relation to what's expected of you on the job, is critical to having a successful return to work.

FIVE CRITICAL AREAS TO RETURNING TO WORK:

- Physical Ability
- Communications
- Thinking Skills
- Emotional Issues
- Driving/Transportation

Good luck and continued success with your recovery and return to work. **Remember:** The highest reward for good work is the ability to do better!

Stroke Network Southwestern Ontario



Use this scale to rate your current level of functioning:

In each of the five areas, you will rate your current abilities and the importance of that ability while performing tasks at work (Job Demands). **Remember:** When rating your current abilities, consider aids, devices and/or strategies that may improve your job performance.

My Current Abilities

0 : means you have limited abilities as the stroke affected this function

5: means you have some abilities despite the stroke affecting this function

10 : means you have good abilities as the stroke did not affect this function or you have recovered fully (with or without the use of supportive devices/strategies).

Expected Job Demands

0: means this task or job demand is not important to doing your job

5: means this task or job demand is somewhat important to doing your job

10 : means this task or job demand is very important to doing your job

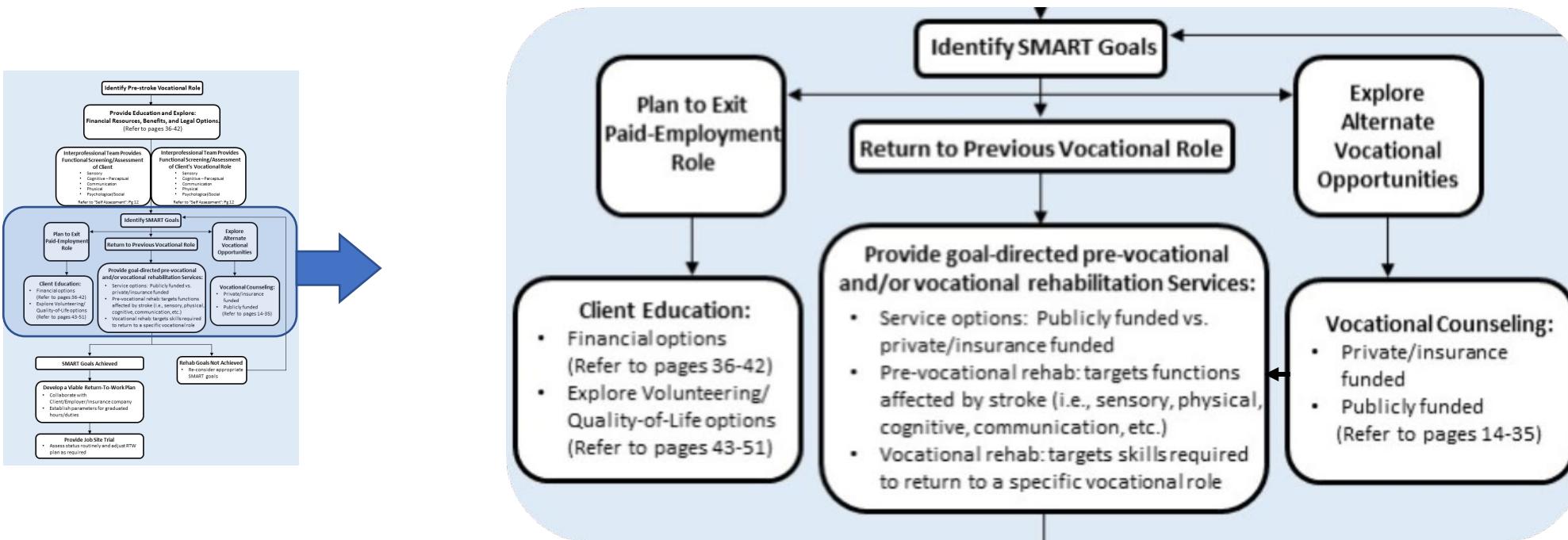
My Current Abilities

<input type="checkbox"/>									
0									10
Limited Abilities									Good Abilities

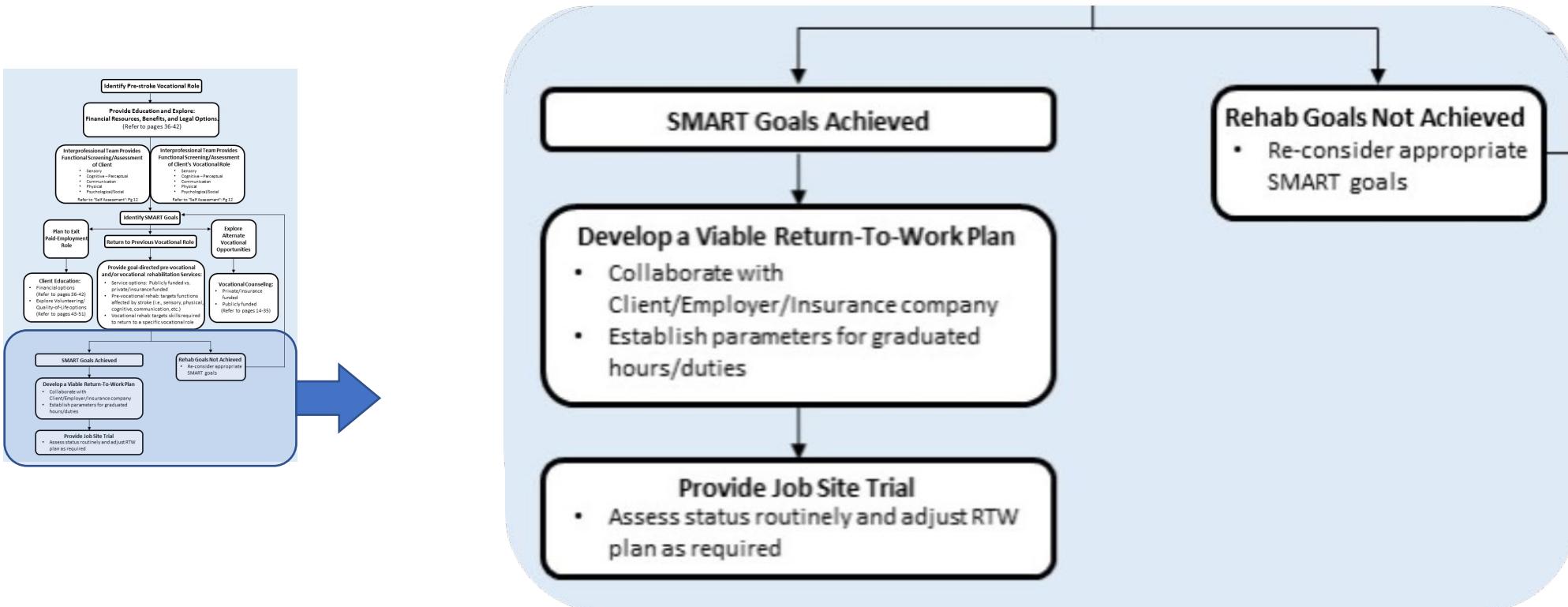
Expected Job Demands

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0									10
Not Important To Doing Your Job									Very Important To Doing Your Job

Establish Viable Goals and Provide Intervention



Evaluate Outcomes



Toolkit At A Glance

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RETURN TO VOCATIONS POST STROKE TOOLKIT

https://cesnstroke.ca/wp-content/uploads/2026/01/Return_To_Vocations_-January-2026.pdf

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QUESTIONS



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Return-to-Work Post-Stroke/Aphasia Emotional & Mental Health Factors

West GTA and CE Stroke Network Return to Work Webinar
Paula-Jane Bellizzi MSW, RSW



Halton-Peel Community
APHASIA PROGRAMS

Why Do Emotional & Mental Health Factors Matter?

- RTW can positively impact a person's identity, self-esteem, psychosocial well-being, and self-confidence following stroke
- Lack of psychosocial support to meet needs of work-aged stroke survivors (Martinsen, 2013)
- Primary focus - physical and communication abilities
- Poor or limited coping strategies can negatively impact RTW



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- Brain injury changes may impact the person's ability to perform job duties, and the job stress may worsen some of these symptoms
- Psychiatric morbidity after stroke has been shown to reduce the likelihood of RTW particularly in patients who appear functionally intact or of limited physical disability (Harris, 2014)
- Post-stroke depression is associated with both a bad general outcome and absence of RTW (Alaszewski et al, 2007)



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APHASIA PROGRAMS

H-PCAP Ready-to-Work Pilot Study - SLP & SW

- 4 month pilot study: July - October 2022
- 8 sessions
- 2 clients
- Individual Assessments (SLP & SW)
- Group Dyad Sessions (SW)
- Identifying emotional/mental health strengths & challenges re: readiness to RTW



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APHASIA PROGRAMS

Client M Description

- 47 y.o. female - married, 2 teen children
- Left MCA CVA (stroke) - Feb 2021
- No physical deficits
- Mild-to-moderate verbal expressive aphasia
- Mild auditory comprehension deficits - complex topics
- Chronic migraines
- Former Executive Asst - Investment Company (12 years)



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APHASIA PROGRAMS

Client D Description

- 36 y.o. female - single mother of 2 young children (5 & 8½)
- Left MCA CVA (stroke) - July 2017 during childbirth
- Right-side hemiparesis; wears leg brace
- Severe verbal expressive Aphasia
- Auditory verbal comprehension affected
- Previously worked as bailiff clerk prior to maternity leave



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APHASIA PROGRAMS

Identifying Fears & Stressors

Client M:

- Co-worker expectations - you look normal but “why can’t you speak”
- Fear of being judged - “people think I’m not as smart as I am”

Client D:

- Worried about people asking questions, group conversations;
“Words won’t be there” “I know what I want to say...it won’t come out”



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APHASIA PROGRAMS

Employee Characteristics

Central East and West GTA Stroke Network Return-to-Vocations Toolkit, 2022

- highlights factors that may impact the RTW process, including: Employee Characteristics & External Factors (Social Support)

Medin et al (2006) outline 3 main barriers re RTW: the process, **individual characteristics and level of social support**

Individual characteristics: motivation & attitude

Social Work Group Dyads



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APHASIA PROGRAMS

Employee Characteristics

“A positive attitude, self-confidence, determination, assertiveness, & motivation are all important” enablers of a successful RTW (Lindstrom et al, 2009, Radford and Walker, 2009)

Enablers for a successful RTW:

- Personality and view of life
- Resilient approach to disability



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APHASIA PROGRAMS

Motivation & Attitude

Motivation:

- Both clients rated their motivation to RTW as high
- Client M: social aspect, financial reasons, self-image, respect from family
- Client D: financial (single mother), family pressure to work, boredom

Attitude:

- Both clients were feeling less confident in abilities
- Both were hopeful and optimistic about their recovery
- Both had a resilient approach to their disability - drawing on past experiences



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APHASIA PROGRAMS

External Factors - Family/Social Support

Evidence that RTW is influenced by...support from family (Bush et al, 2009)

Family members are prime sources of support and can enhance the motivation and determination demonstrated by the stroke survivor (Bonner, 2015)

- Both clients in Pilot study described supportive families - encouraging RTW
- Family support - emotional and practical - key factors to RTW



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Stroke Network of Southwestern Ontario

RTW - Self-Assessment Guide

- Looks at 5 key areas - including emotional issues
- Person rates current abilities and importance of that ability while performing the tasks of the job (10 point scale)
- Emotional issues - frustration tolerance, stress, interpersonal skills, confidence, and coping abilities
- Group dyad sessions to identify strengths and challenges in these areas re: readiness to RTW



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APHASIA PROGRAMS

Client M:

Strengths:

- High level of frustration tolerance
- Strong Interpersonal skills

Challenges:

- Managing stress
 - Reduced self-confidence
 - Coping abilities
- Concerns about mood
- screened for depression Community SAD-Q 10 - no indication of depression



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APHASIA PROGRAMS

Client D:

Strengths:

- High level of frustration tolerance
- Coping abilities

No concerns about mood

Challenges:

- Interpersonal skills
- Managing stress
- Reduced self-confidence



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APHASIA PROGRAMS

Coping with Stress

- Studies suggest a “strong correlation between low levels of psychosocial stress and a successful return to work” (Chan et al, 2016)
- Both clients reported low levels of stress at time of study
- Coping with stress (at work) identified as being a concern
- Both clients described limited skills for coping with stress



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APHASIA PROGRAMS

Stress Management Skills

Group dyad sessions:

Physical/Behavioural coping skills ie physical activity, healthy eating

Mental/Cognitive coping skills ie CBT, breathing/grounding exercises

Personal/Social coping skills ie engaging in hobbies, connecting with others



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APHASIA PROGRAMS

Pilot Study Results

Pilot study revealed: both clients - emotional strengths and challenges

Client M: current abilities and demands of job - more equally aligned

deemed ready to RTW - speech & emotional factors

Client D: current abilities less equally aligned with demands of the job

deemed unready to RTW - speech & emotional factors

interpersonal skills and lack of self-confidence



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APHASIA PROGRAMS

Post-Pilot Study 2 Year Follow-Up

Client M: Successful RTW - January 2023 - Previous Job

Factors that helped:

- 1) modified work schedule/duties
- 2) managing stress
- 3) transparency with co-workers
- 4) resilient approach to stroke
- 5) motivation/determination

Client D: not working - continuing with her rehab and volunteer work in school library



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APHASIA PROGRAMS

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